



Technical Bulletin

Division of Public and Behavioral Health



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Topic: Increased Measles Activity in the United States in 2019

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To: Rural Public and Private Health Care Providers; Hospitals

Current Situation

The United States is currently experiencing multi-state outbreaks of measles. As of May 3, 2019, the Centers for Disease Control and Prevention (CDC) have reported 764 cases of measles across 22 states. This is the greatest number of cases reported in the U.S. since 1994. The Nevada Division of Public and Behavioral Health (DPBH) has confirmed with the Southern Nevada Health District there has been one case of measles in Clark County which occurred in a visitor from another country. CDC and DPBH urges healthcare professionals to consider measles when evaluating patients with febrile rash. Early diagnosis and case isolation are essential to stop ongoing transmission.

Signs, Symptoms and Communicability

Measles is a highly contagious, acute viral respiratory illness that can lead to severe complications and death. It is characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis (the three "C"s), a pathognomonic enanthema (Koplik spots) followed by a maculopapular rash. The rash usually appears about 14 days after a person is exposed, and spreads from the head to the trunk and lower extremities. Patients are contagious from 4 days before to 4 days after the rash appears. Of note, sometimes immunocompromised patients do not develop the rash.

Diagnosis

Measles should be considered in persons who present with a rash and fever $\geq 101^{\circ}\text{F}$ (38.3°C) and any one of the three "C"s regardless of travel history. It is important to evaluate history of measles vaccination and exposure to known measles cases, international travel, exposure to international visitors, or domestic travel in the three weeks prior to illness to New York State, Washington, Oregon or other states that are currently experiencing measles outbreak. When measles is suspected, laboratory testing should be coordinated through the Nevada State Public Health Laboratory (NSPHL).

- **PCR testing:** Dacron throat swabs should be collected and placed in Viral Transport Media (VTM).
- **Serology:** Blood samples should be collected for measles IgM and IgG only if it is already Day 4 or later after rash onset. NSPHL does not perform measles serology in-house. It is recommended to use a commercial laboratory covered by the patient's insurance for measles serology.

For questions regarding specimen collection, storage, or transportation, please contact NSPHL at 775-688-1335 and after hours at: 775-823-1150.

Prevention and Immunization

The increase of international importations and subsequent transmission in certain settings in the United States highlights the importance of ensuring age-appropriate vaccination for everyone, maintaining high vaccination coverage in the population, ensuring vaccination coverage of healthcare workers, as well as the need for heightened awareness among providers regarding the re-emergence of measles.

Patients suspected to have measles should be promptly isolated, and airborne precautions should be applied if a patient presents with fever and a rash. When isolation is not available, a surgical mask should be provided for the patient to wear. The room where a suspected measles case was in should not be re-entered until after the patient has been gone for at least two (2) hours.

Reporting

The current situation emphasizes the importance of reporting vaccines into Nevada Immunization Registry WebIZ in a timely manner. Public health officials rely on Nevada WebIZ data to address the threat level of vaccine-preventable diseases, such as measles, in our communities. All immunizing providers are reminded that entering data into Nevada WebIZ is required by the state law. Best practice is to ensure data entry within 30 days from date of vaccine administration.

All confirmed, probable, or suspect cases of measles must be reported to the DPBH within 24 hours of diagnosis Monday through Friday 8:00 AM to 5:00 PM at (775) 684-5911. After-hours line can be contacted at (775)-400-0333.

- Additional guidance for healthcare providers can be found at: <http://www.cdc.gov/measles/hcp/index.html>
- CDC Measles Outbreak Toolkit for Healthcare Providers: <https://www.cdc.gov/measles/toolkit/healthcare-providers.html>
- Nevada-specific resources for parents: <https://immunizenevada.org/measles>
- CDC measles surveillance guidance: <http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>



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